## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

1621

Examiner: Peter G. O'Sullivan

In re application of:

Koji OKADA, et al.

Serial No: 10/559,737 Confirmation No.: 3846

Filed:

December 5, 2005

For:

PHOSPHAZENE COMPOUND, PHOTOSENSITIVE

RESIN COMPOSITION, AND USE THEREOF

Mail Stop AMEMDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

 $\boxtimes$ 

Transmitted herewith is an **Amendment** in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	28	-	28	**	0	LG=\$52 SM≃\$26	\$52	\$	0
INDEPENDENT CLAIMS FEE	3		3	***	0	LG=\$220 SM=\$110	\$220	\$	0
FIRST PRESENTATION	N OF MULTIPLE DEPENDENT	CLAIMS	3			E ENTITY FEE L ENTITY FEE		\$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$270 FOR EACH ADDITIONAL 50 SHEETS							\$	0	
Independent Claims: 1, 13, 23 TOTAL							\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

The Commissioner is hereby authorized to charge the amount of \$ -0- to cover the additional claims fee to
Deposit Account No. 50-1314.

П The Commissioner is hereby authorized to charge the amount of \$ \_0\_ to cover the \_\_\_ month extension fee to Deposit Account No. 50-1314.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.

 $\boxtimes$ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

 $\boxtimes$ Any patent application processing fees under 37 C.F.R. § 1.17

> Respectfully submitted, **HOGAN & HARTSON L**

Date: February 16, 2010

1999 Avenue of the Stars, Suite 1400

Los Angeles, California 90067 Telephone: (310) 785-4600 Facsimile: (310) 785-4601

Barry M. Shuman

Registration No. 50,220

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.